

APPLICATION FOR CAP ACTIVITY

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|--|---------------------|-------------------------------|---|----------|-------------------------------------|---|
| CAP SERIAL NUMBER | UNIT CHARTER NUMBER | DATE JOINED CAP Month/Year | CAP GRADE | AGE | GENDER | <input type="checkbox"/> CADET MEMBER <input type="checkbox"/> SENIOR MEMBER |
| NAME (Last Name, First Name, Middle Initial) | | | | | | TELEPHONE NUMBER (HOME) (include Area Code) () |
| MAILING ADDRESS (Number & Street) Apartment or Space Number | | | | | | TELEPHONE NUMBER (BUSINESS) () |
| CITY | | | STATE | ZIP CODE | | RELIGIOUS PREFERENCE (Specific as possible) |
| E-MAIL ADDRESS | | | HEIGHT | WEIGHT | DATE OF BIRTH Month / Day / Year | T-Shirt Size (<i>some activities may provide T-Shirts</i>) <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL |
| SCHOLASTIC ACHIEVEMENT (Senior Members Only) <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post Graduate Graduate Years Completed Years Completed | | | PRESENT OCCUPATION (Senior Members <i>must</i> attach a resume of CAP & personal accomplishments to this application) | | | CURRENT SCHOOL GRADE LEVEL (Cadet Only) |
| ACTIVITY YOU ARE APPLYING FOR (One activity per application) | | | LOCATION | | | |
| I would like to attend this activity as a: <input type="checkbox"/> Student/Participant <input type="checkbox"/> Cadet Staff Member as: _____ <input type="checkbox"/> Senior Staff Member as: _____ <div style="display: flex; justify-content: space-between;"> POSITION REQUESTED POSITION REQUESTED </div> | | | | | | |

MEDICAL INFORMATION - TO BE COMPLETED BY ALL APPLICANTS

HAVE YOU HAD OR NOW HAVE ANY OF THE FOLLOWING? (If YES is answered on any item, please explain in the remarks section with dates and physician(s) consulted (if any).

- | | |
|--|--|
| <input type="checkbox"/> NO <input type="checkbox"/> YES Are you currently taking Prescription Medications (List Below) <input type="checkbox"/> NO <input type="checkbox"/> YES Any injury or illness in the past 2 years (List Below) <input type="checkbox"/> NO <input type="checkbox"/> YES Any known allergies (List Below) <input type="checkbox"/> NO <input type="checkbox"/> YES Hay fever <input type="checkbox"/> NO <input type="checkbox"/> YES Frequent or severe headaches <input type="checkbox"/> NO <input type="checkbox"/> YES Stomach trouble <input type="checkbox"/> NO <input type="checkbox"/> YES Motion sickness <input type="checkbox"/> NO <input type="checkbox"/> YES Ear infections <input type="checkbox"/> NO <input type="checkbox"/> YES Dizziness or fainting spells <input type="checkbox"/> NO <input type="checkbox"/> YES Asthma <input type="checkbox"/> NO <input type="checkbox"/> YES Unconsciousness for any reason <input type="checkbox"/> NO <input type="checkbox"/> YES Eye trouble, excluding glasses <input type="checkbox"/> NO <input type="checkbox"/> YES Any drug or narcotic habit <input type="checkbox"/> NO <input type="checkbox"/> YES Chronic or recurring injuries | <input type="checkbox"/> NO <input type="checkbox"/> YES Sugar or albumin in urine <input type="checkbox"/> NO <input type="checkbox"/> YES Heart trouble <input type="checkbox"/> NO <input type="checkbox"/> YES High or low blood pressure <input type="checkbox"/> NO <input type="checkbox"/> YES Chronic diseases like Diabetes or Bronchitis <input type="checkbox"/> NO <input type="checkbox"/> YES Severe Menstrual cramps (Female Only) <input type="checkbox"/> NO <input type="checkbox"/> YES Admission to hospital <input type="checkbox"/> NO <input type="checkbox"/> YES Attempted suicide <input type="checkbox"/> NO <input type="checkbox"/> YES Rupture or Groin Injury <input type="checkbox"/> NO <input type="checkbox"/> YES Positive TB skin test <input type="checkbox"/> NO <input type="checkbox"/> YES Epilepsy or seizures <input type="checkbox"/> NO <input type="checkbox"/> YES Kidney stones or blood in urine <input type="checkbox"/> NO <input type="checkbox"/> YES Nervous trouble of any sort <input type="checkbox"/> NO <input type="checkbox"/> YES Other illness, injuries or accidents (List Below) <input type="checkbox"/> NO <input type="checkbox"/> YES Medical treatment within the past 5 years other than regular office visits or physicals (List Below) |
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Information not specifically noted above having the potential to interfere with performance during the activity should be documented in the remarks section. Some activities may require additional medical verification such as a physical exam prior to attendance. Consult current activity information or contact the activity project officer.

REMARKS - MEDICATIONS and EXPLANATIONS (Attach additional sheet if necessary)

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|---|--|----------------------------------|------------------------------------|
| FAMILY PHYSICIAN'S NAME | FAMILY PHYSICIAN'S TELEPHONE # () | MEDICAL INSURANCE COMPANY | MEDICAL INS POLICY NUMBER |
| EMERGENCY CONTACT - Parent, Guardian, or closest Relative to be notified in case of emergency | | DAY TIME TELEPHONE # () | NIGHT TIME TELEPHONE # () |

RELEASE AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that am submitting my application for Civil Air Patrol Special Activities or Encampments, and I hereby volunteer entirely upon my own initiative, risk, and responsibility for an assignment to participate in this activity of encampment at the first available opportunity and with full knowledge that such activity may include:

1. Traveling by land, sea, or air in US military, commercial, or privately owned vehicles from regular place or residence to the site of the activity or encampment, travel incident to the activity or encampment, and subsequent return to place of residence.
2. Participation in aeronautical activities as a passenger or student trainee in US military, commercial, or privately owned aircraft.
3. Living for a period of one week or more on diminished rations and minimal shelter simulating actual survival conditions.
4. Being quartered and/or subsisting away from regular or normal place of residence for an extended period of time.
5. Remaining with the cadet group I am assigned to at all times during the activity or encampment.
6. Acting as a spokesman for Civil Air Patrol, rendering reports on the activity or encampment.
7. Refraining from argumentative discussions concerning governmental policies.

In consideration of the permission extended to me by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents, and employees acting official or otherwise, from any and all claims, demands, actions, or causes of action, on account of my death or on account of any injury to me or my property which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

DATE

SIGNATURE OF APPLICANT

RELEASE BY PARENTS OR GUARDIAN

KNOW ALL MEN BY THESE PRESENTS: WHEREBY my child has applied for the activity or encampment referred to above, In consideration of the permission extended to my child by the Civil Air Patrol/United States of America through its officers and agents to participate in said activity/encampment or activities/encampments, I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Civil Air Patrol, Inc./United States of America, and all its officers, agents and employees acting official or otherwise, from any and all claims, demands, actions or causes of action, on account of the death or on account of any injury to my child which may occur as a result of the negligence of the Civil Air Patrol/United States of America, its agents or employees during said activity/encampment or activities/encampments or continuances thereof, as well as all ground and flight operations incident thereto.

In addition, by my signature below, I certify the applicant:

1. Is my minor child or ward.
2. Has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form and is able to participate without the physical/emotional support of others. Also, is capable of taking any prescribed medications without supervision.
3. Will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at my expense.
4. Should firearms training be offered as outlined in CAPR52-16, permission is hereby given for the applicant to participate.

However, in case of injury, disease or other illness, permission is hereby granted to treat the participant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.

DATE

WITNESS FOR FATHER'S SIGNATURE
(Must be signed by an adult other than parent/legal guardian)

FATHER OR LEGAL GUARDIAN

DATE

WITNESS FOR MOTHER'S SIGNATURE
(Must be signed by an adult other than parent/legal guardian)

MOTHER OR LEGAL GUARDIAN

UNIT CERTIFICATION

To my knowledge:

1. I certify that ALL of the information on this form is complete and correct .
2. This applicant meets the activity prerequisites and is prepared to attend this activity.
3. This applicant has no history or injury or disease which might be affected by this activity except those previously noted in the Medical Information section of this form.
4. This applicant will follow all rules, regulations, and directives as established by the Civil Air Patrol, Inc., activity project officer or encampment commander, or other staff members. If he/she does not follow the activity/encampment rules, regulations, and directives he/she may be sent home at the discretion of the project officer, encampment commander or activity director at *parental or unit* expense.

DATE

UNIT COMMANDER